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SERIAL NUMBER 10/708,934	FILING DATE 04/01/2004 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. 145806-1
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APPLICANTS

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** CONTINUING DATA *****

None NO

** FOREIGN APPLICATIONS *****

None NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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Examiner's Signature: *[Signature]* Initials: *WS*

ADDRESS

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TITLE

MULTICHANNEL CONTACTLESS POWER TRANSFER SYSTEM FOR A COMPUTED TOMOGRAPHY SYSTEM

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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